

471-000-509 Nebraska Medicaid Home Health Agency Fee Schedule

Procedure Code	Description	Medicaid Allowable	Units*
G0151	Brief physical therapy services in home health setting (1-8 units)	\$96.02/visit	15 minutes
G0152	Brief occupational therapy services in home health setting (1-8 units)	\$96.02/visit	15 minutes
G0153	Brief speech therapy services in home health setting (1-8 units)	\$96.02/visit	15 minutes
G0154 TD	Brief RN service in home health setting (1-8 units)	\$82.68/visit	15 minutes
G0154 TE	Brief LPN service in home health setting (1-8 units)	\$82.68/visit	15 minutes
G0156	Brief Aide service in home health setting (1-8 units)	\$51.06/visit	15 minutes
S9123	Hourly RN service in home health setting	\$33.62/hour	1 hour
S9124	Hourly LPN service in home health setting	\$23.01/hour	1 hour
S9122	Hourly Aide service in home health setting	\$20.89/hour	1 hour
S9123 TG	Hourly RN service in home health setting for high tech clients	\$40.49/hour	1 hour
S9124 TG	Hourly LPN service in home health setting for high tech clients	\$29.09/hour	1 hour
S9123 UN	Hourly RN service for 2 clients at the same time in home health setting	\$30.37/hour	1 hour
S9124 UN	Hourly LPN service for 2 clients at the same time in home health setting	\$21.82/hour	1 hour
T1022 TG	Daily nursing service for ventilator dependent patients 21 and older in home health setting	\$721.61/day	1 day

****Bill only for the number of units actually provided.***

Limitations:

For clients age 21 and older, Medicaid does not cover therapy sessions in excess of 60 sessions per fiscal year (July 1 - June 30) for any combination of physical therapy, occupational therapy and speech therapy (471 NAC 14-004, 17-004, 23-004).

\$239.94/day – Daily payment limit on skilled nursing services for persons age 21 and older in a home health setting

\$721.61/day – Daily payment limit on skilled nursing services for persons age 21 and older who are ventilator dependent in a home setting.